PTO/SE/06 (08-03)
Approved for use through 7/31/2008. CMB 0851-0032
U.S. Petert and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									
	SMALL	ENTITY	OR		R THAN ENTITY				
FOR NUMBE		BER FILED	NUMB	ER EXTRA	RATE	FEE]	RATE	FEE
BASIC FEE (37 CFR 1.16(a)) / 3						OR	Risc	270	
TOTAL CLAIMS (37 CFR 1.18(c)) minus 20			7	×	<u> </u>	1	118	1	
INDEPENDENT CL	AMS 2			/ -		 -	OR	1/2	₩
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))					× • •	 	QR .	x :00 -	
MULTIPUE DEPEN	+1	ļ	OR	arr.	14-70				
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	L	ΩR.	TOTAL	THU'LL
CLAIMS AS AMENDED - PART II									
(Column 1) (Column 2)			(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY	
WE STORY ADDRESS	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 GFR 1,18(e))	1.13	Minus	20	1-1	X 4=		OR	X 8_ 0/	
Independent (37 CFR 1,16(b))	1.3	Minus	" 2	7	×.		OR	XI /	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))								1.7	
					TOTAL	 	OR	TO/AL	
11/26/06					ADD'L FEE		OR	ADD'L FEE	╙┷┩
11001	(Column 1)		(Column 2) HIGHEST	(Cotumn 3)			ì		
Total Total Grefit take) Independent Grefit take)	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
COLOUR FARTO	13	Minus	- 20	•	X 8		OR	X 8 =	
Independent (DF OFR 1, 18(b))	. 3	Minus	3	*	x s •		OR OR	X A	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+,		OR		
					TOTAL	 -		TOTAL	
					ADO'L FEE	لسنسا	OR	ADD'L FEE	
<u>. </u>	(Column 1)		(Column 2) HIGHEST	(Column 3)					
DIN	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (17 CFR L MCG)	13	Mirrus	~ <u>2</u> 3	•	× 8 -		OR	X 8	
Total (17 GFR L. MCD) MODERATE (18 GFR) (17 GFR L. MCD)	3	Minus	3	•	× 1 =/		OR	x: /	
FIRST PRESEN	+1 /0		OR	••/_•					
TOTAL ADD'L FEE OR ADD'L FEE									
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "tighest Number Previously Paid For" IN THIS SPACE is less than 20, enter [20". If the "tighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "7". The "tighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 3.									

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.18. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commission P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.